



U.S. NAVAL HOSPITAL YOKOSUKA  
HERE TO SERVE WITH CARE  
**PRE-PROCEDURE CHECKLIST**



**Before beginning any procedure:**

# TIME OUT

- ☐ **CONFIRM** that all team members have introduced themselves by name and role
- ☐ **Review** critical procedure steps:
  - ☐ Is all necessary equipment available for anticipated complications?
  - ☐ Have unnecessary medications and implants been secured?
- ☐ **Imaging** or other supporting data has been reviewed within 24 hours and is available at bedside
- ☐ **PROVIDER** and team verbally confirm:
  - ☐ Correct patient
  - ☐ Correct site and side
  - ☐ Correct procedure
  - ☐ Informed consent signed and dated

**IF INTERRUPTED, RESTART TIME OUT**